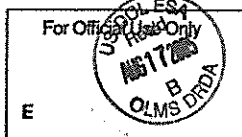


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-11600	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JEFFREY HENDRICKSON  P.O. Box, Bldg., Room No., if any  Street 203 S. DUPONT ROAD  City WILMINGTON  State Delaware ZIP Code + 4 19804-1099	4. Name, file number, and address of labor organization. Name IRONWORKERS LOCAL 451  Labor Organization File Number 022-225  P.O. Box, Building and Room Number, if any  Street 203 S. DUPONT ROAD  City WILMINGTON  State Delaware ZIP Code + 4 19804-1099
5. Position in labor organization. BUSINESS MANAGER/FST.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 11/2/05	302-994-0946
	Date	Telephone Number

Name of Person Filing JEFFREY HENDRICKSON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ;</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name DISTRICT COUNCIL PHILADELPHIA &amp; VICINITY</p> <p>Trade Name, if any: HEALTH CARE AND BENEFIT</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6410 CASTOR AVENUE</p> <p>City PHILADELPHIA</p> <p>State Pennsylvania ZIP Code + 4 19149</p>	<p>11.a. Nature of such dealing.</p> <p>UNION TRUSTEE-ATTENDANCE AT QUARTLEY MEETING HEALTH &amp; PENSION. 1/28/05, 4/29/05, 6/24/05, 9/30/05 HOTELS-\$603.00 MEALS-\$400.00</p> <p>11.b. Approximate dollar value of such dealing. \$1,000</p> <p>12.a. Nature of interest held or income received. ;</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing JEFFREY HENDRICKSON

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name APRENTICSHIP EDUCATION & TRAINING

Trade Name, if any: IRONWORKERS LOCAL 451

P.O. Box, Bldg., Room No., if any

Street 203 S. DUPONT ROAD

City WILMINGTON

State Delaware

ZIP Code + 4 19804-1099

11.a. Nature of such dealing.

COMPLEMENTARY TICKETS FOR APPRENTICE BANQUET

11.b. Approximate dollar value of such dealing.

\$75

12.a. Nature of interest held or income received.

12.b. Amount.